Department of Medical Assistance Services
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http://www.dmas.state.va.us

MEDICAID MEMO

TO: All Providers Participating in the Virginia Medicaid and FAMIS Programs

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 12/15/2017

SUBJECT: Transition of Certain Medallion 3.0 Beneficiaries to CCC Plus, Effective January 1, 2018

Medallion 3.0 Beneficiary Transition to CCC Plus

Certain Medallion 3.0 members will transition to CCC Plus on January 1, 2018. These members include individuals who are age 65 and older as well as disabled children and adults, known as the aged, blind or disabled (ABD) eligibility groups. These individuals are not receiving Home and Community Based Waiver services.

Members will receive an assignment letter later this month notifying them that they will transition to CCC Plus. The letter also explains that members can choose their health plan from among the six (6) CCC Plus health plans or they can keep the plan assigned to them by DMAS, as named in the letter. Five (5) Medallion 3.0 health plans also have a CCC Plus contract (Aetna, Anthem, Optima, UnitedHealthcare/INTotal Health, and Virginia Premier).

Members will transition from Medallion to CCC Plus without a break in service. Services with their Medallion plan will end on December 31, 2017 and will start with their CCC Plus Plan on January 1, 2018. Members will have an additional 90 days (until March 31, 2018) from the start of their CCC Plus coverage to select a different health plan. All CCC Plus members will be eligible to move from one plan to another for any reason during their annual open enrollment, which begins in 2018 and occurs each year from October through December for a January 1 effective date.

Members transitioning to CCC Plus will have a **Continuity of Care** period that lasts for up to ninety (90) days. During this period, members are able to maintain their current providers, even if that provider has not contracted with the member's new health plan (out-of-network providers). Additionally, during this period, the new health plan is required to make reasonable efforts to contact out-of-network providers and provide them with information on becoming credentialed, in-network providers. The new health plan may, but is not required to, offer single-case agreements to providers who are not willing to enroll in the Contractor's provider network but wish to continue to see the member. If the provider does not join the network, or the member does not select a new in-network provider within 90 days, the new health plan will transition the member to a new provider.

For **Billing**, providers are required to submit all claims to the health plan with whom the member is enrolled on the date the service is performed. Therefore, providers must continue to verify Medicaid eligibility and enrollment at the time of service in order to bill the correct entity (Medallion MCO, CCC Plus MCO, or Medicaid Fee-for-Service).

To learn more about CCC Plus you can find the CCC Plus website here.

DMAS, along with the six CCC Plus MCO's, hosts weekly CCC Plus provider conference calls. All providers are invited to participate, ask questions and receive answers about the program. You can find the call-in information and schedule here. Follow the link titled "CCC Plus Provider Q and A Conference Call Schedule – NEW."

CMHRS Transition to CCC Plus

In addition to the Medallion 3.0-member transition to CCC Plus, beginning January 1, 2018 the CCC Plus MCO's will cover Community Mental Health & Rehabilitation Services (CMHRS). This is the first time CMHRS will be covered under a managed care program. For more information on the transition of CMHRS from Fee-for-Service to CCC Plus please visit the CMHRS Transition website here. A Medicaid Memo was sent to providers on October 23, 2017.

MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting www.MagellanHealth.com/Provider. If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting www.magellanofvirginia.com or submitting questions to VAProviderQuestions@MagellanHealth.com.

MANAGED CARE PROGRAMS

Most Medicaid individuals are enrolled in one of the Department's managed care programs: Medallion 3.0, Commonwealth Coordinated Care (CCC), Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0:
  http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx
- Commonwealth Coordinated Care (CCC):
  http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx
- Commonwealth Coordinated Care Plus (CCC Plus):
  http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx
- Program of All-Inclusive Care for the Elderly (PACE):
  http://www.dmas.virginia.gov/Content_atchs/ltc/WEB%20PAGE%20FOR%20PACE%20Sites%20in%20VA.pdf

COMMONWEALTH COORDINATED CARE PLUS

Commonwealth Coordinated Care Plus is a required managed long term services and supports program for individuals who are either 65 or older or meet eligibility requirements due to a disability. The program integrates medical, behavioral health, and long term services and supports into one program and provides care coordination for members. The goal of this coordinated delivery system is to improve access, quality and efficiency. Please visit the website at: http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at http://dmas.kepro.com.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

TO ALL MEDICAID PROVIDERS: PROVIDER APPEAL REQUEST FORM NOW AVAILABLE

There is now a form available on the DMAS website to assist providers in filing an appeal with the DMAS Appeals Division. The link to the page is http://www.dmas.virginia.gov/Content_pgs/appeal-home.aspx and the form can be accessed from there by clicking on, "Click here to download a Provider Appeal Request Form." The form is in PDF format and has fillable fields. It can either be filled out online and then printed or downloaded and saved to your business computer. It is designed to save you time and money by assisting you in supplying all of the necessary information to identify your area of concern and the basic facts associated with that concern. Once you complete the form, you can simply print it and attach any supporting documentation you wish, and send to the Appeals Division by means of the United States mail, courier or other hand delivery, facsimile, electronic mail, or electronic submission supported by the Agency.

PROVIDERS: NEW MEDICARE CARDS ARE COMING

CMS is removing Social Security Numbers from Medicare cards to help fight identity theft and safeguard taxpayer dollars. In previous messages, CMS has stated that you must be ready by April 2018 for the change from the Social Security Number based Health Insurance Claim Number to the randomly generated Medicare Beneficiary Identifier (the new Medicare number). Up to now, CMS has referred to this work as the Social Security Number Removal Initiative (SSNRI). Moving forward, CMS will refer to this project as the New Medicare Card.

To help you find information quickly, CMS designed a new homepage linking you to the latest details, including how to talk to your Medicare patients about the new Medicare Card. Bookmark the New Medicare Card homepage and Provider webpage, and visit often, so you have the information you need to be ready by April 1st.

Providers (which includes fee for service, Medicaid Managed Care Organizations, and Commonwealth Coordinated Care Plus) may share the following information with members:

MEMBERS: NEW MEDICARE CARDS ARE COMING

Medicare will mail new Medicare cards between April 2018 and April 2019. Your new card will have a new Medicare Number that's unique to you, instead of your Social Security Number. This will help to protect your identity.

Additional information is available at the following link:
https://www.medicare.gov/forms-help-and-resources/your-medicare-card.html